



Department of Veterans Affairs

EMPLOYEE LOCATOR CODE SHEET

INSTRUCTION - Shaded items will be completed by Office of Administration ONLY.

01			TYPE OF ACTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DROP		TYPE OF LISTING <input type="checkbox"/> ALPHABETIC <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> DO NOT LIST		DATE (Month, day, year)	
INDEX (1-5)	T/C (6)	FIELD (7-8)						
02					03		04	05
LAST NAME (9-28)					FIRST NAME (29-38)		MIDDLE INITIAL (39)	TITLE (Ms., Mr., Mrs., Miss, Dr.) (40-43)
06			07		BUILDING LOCATION		08	09
MAIL ROUTING SYMBOL (44-50)			ROOM NO. (51-55)				BLDG. (56-57)	TELEPHONE NO. (58-65)
10	11	12	13	14	15			
LIST (66)	SEQUENCE (67-70)	INDENT (71)	DEPT. (72-75)	SERVICE (76-81)	CLASSIFIED TITLE (82-121)			
PREPARED BY								TELEPHONE EXTENSION